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STATEMENT OF

FORM 1 ORGANIZATION									Office Use Only									
NAME OF COMMITTEE (in full)		X (Check if is change)		Example:If typing, type over the lines.					12FE4M5									
National As	sociat	ion of Pro	fessior	nal S	Surp	lus	Lin	es	Of	fice	es	(NA	\PS	LO) F	PA	2	
ADDRESS (number and street)		1050 K Street, N	W															
(Check if address is changed)		Suite 400																
		Washington							DC	;		20001			L			
		CITY							STATE				ZIP CODE					
COMMITTEE'S E-MA	IL ADDRES	S (Please provide maria.berthoud	-		dress)													
(Check if address is changed)																		
COMMITTEE'S WEB PAGE ADD (Check if address is changed)		RESS (URL) None															Ш	
2. DATE 03		2006	_	04176	34		-											
 FECTIDENTIFIC IS THIS STATE! 		NEW (N)	OR	×		MENDI	ED (A))										
I certify that I have a		s Statement and Ms Maria L. Ber		of my	knowled	dge an	d belie	efiti.	s true	e, coi	rrect	and c	omple	e.				
Signature of Treasure	Ms Mari er	a L. Berthoud			[Electi	onicall	y Filed	!] _[Date	L	05]	17	Ľ	2	012		
NOTE: Submission of		ous, or incomplete ANY CHANGE IN I		•	•		-	•				the pe	nalties	of 2 l	J.S.C	. §43	7g.	
Office Use Only					Federal Toll Fre	ther info Election e 800-4: 02-694-	n Comn 24-9530	nissior					EC I			1		